

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

9/359809

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	24					
TOTAL CLAIMS	26					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57	1					
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		16				
73			1		1	
74			1			1
75				1		1
76			1		1	
77				1		1
78				1		1
79				1		1
80			1		1	
81			1		1	
82			1		1	
83				1		1
84			1		1	
85				1		1
86				1		1
87				1		1
88				1		1
89				12		12
90				12		12
91				14		14
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			7		6	
TOTAL DEP.			50		48	
TOTAL CLAIMS			57		54	